|       | COMBINED DECLARATION AND POWER OF ATTORNEY   |
|-------|--|
|       | (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,<br>CONTINUATION OR CIP)  |
| As a  | below named inventor, I hereby declare that:   |
|       | TYPE OF DECLARATION  |
| This  | declaration is of the following type: (check one applicable item helow)  |
|       | ongina!  design  |
|       | supplemental   |
| lote: | If the Declaration is for an International Application being filed as a divisional, continuation continuation continuation in continuation, do not check next item; check appropriate one of last three items.   |
|       | national stage of PCT  |
| ole:  | If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR   |
|       | divisional continuation  |
|       | continuation-in-part (CIP)   |
|       | INVENTORSHIP IDENTIFICATION  |
| (RNI) | VG: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.  |
| ginal | idence, post office address and citizenship are as stated below, next to my name. I that I am the original, first and sole inventor (if only one name is listed below) or an I, first and joint inventor (if plural names are listed below) of the subject matter that is I, and for which a patent is sought on the invention entitled: |
|       | TITLE OF INVENTION   |
| OTON  | IC INTERFACE WHICH IS USED TO CONTROL A REAL OR VIRTUAL OBJECT   |
|       | TOTAL ON VINTOAL OBJECT  |

# SPECIFICATION IDENTIFICATION

| the specification of which: (complete (a), (b) or (c))   |
|--|
| (a) is attached hereto.  |
| (b) was filed on as Serial No  |
| Note: Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the Declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental Declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.                                    |
| (c) was described and claimed in PCT International Application No. PCT/FR2004/003086 filed on DECEMBER 1, 2004 and as amended under PCT Article 19 on  |
| ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR   |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  |
| I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,  |
| (also check the following items. if desired)   |
| and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and  |
| in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.   |
| PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject metter beginning. |

the United States of America filed by me on the same subject matter having a filing date

before that of the application(s) of which priority is claimed.

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(complete (d) or (e))

| COUNTRY (OR INDICATE IF PCT | APPLICATION<br>NUMBER                       |             | OF FILING month/year) | PRIORITY<br>CLAIMED UNDE<br>35 USC 119 |
|-----------------------------|---|-------------|-----------------------|--|
| France                      | 03 14114                                    | 2 DECEMBE   | R 2003                | ⊠ YES NO □                             |
|                             |   |             |                       | YES NO                                 |
| ereby claim the be          | enefit under Title 35, Uon(s) listed below: | nited State | s Code, § 119         |  |
| ereby claim the be          | enefit under Title 35, Uon(s) listed below: | nited State | s Code, § 119         | (e) of any United Sta                  |

#### **POWER OF ATTORNEY**

I hereby appoint the practitioners associated with <u>Customer Number 26530</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

#### SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Customer Number 26530

c/o Ladas & Parry LLP 224 South Michigan Avenue Chicago, Illinois 60604

#### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

# CHRISTOPHE (Given Name) (Middle Initial or Name) (Family (or Last) Name) Inventor's signature Date May 30, 2006 Country of Citizenship FRANCE Residence LILLE, FRANCE Post Office Address 22 RUE MOURCOU 59800 LILLE, FRANCE

Christophe Chaillou

# POWER OF ATTORNEY

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(Name and telephone number)

Customer Number 26530

c/o Ladas & Parry LLP 224 South Michigan Avenue Chicago, Illinois 60604

#### DECLARATION

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# SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

# Full name of second inventor

| FRANCUIS                  |                          | MARTINOT                    |  |
|---------------------------|--------------------------|-----------------------------|--|
| (Given Name)              | (Middle Initial or Name) | (Family (or Last) Name)     |  |
| Inventor's signature      | •                        | it minty for edgit, fairle, |  |
| Date May 30, 2006         | Country of Citizenship   | PFRANCE                     |  |
| Residence LILLE, FRANC    | •                        | P                           |  |
| Post Office Address 4 RUE | DU FAUBOURG NOTRE DAME   | - APPT A 85 - BAT C         |  |
|                           | LILLE, FRANCE            |                             |  |

François d'antinot.

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Customer Number 26530

c.'o Ladas & Parry LLP 224 South Michigan Avenue Chicago, Illinois 60604

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# SIGNATURE(S)

Note: Carefully indicate the family (or last) name, as it should appear on the filing receipt and ull other documents.

## Full name of third inventor

| PATRICIA                     |  | PI ENACOCTE             |
|------------------------------|--|-------------------------|
| (Given Name)                 | (Middle Initial or Name)   | PLENACOSTE              |
| Inventor's signature         | , and the state of | (Family (or Last) Name) |
| DateMay 30, 2006             | Country of Citizenship   | FRANCE                  |
| Residence LILLE, FRANCE      |  | TITALOL                 |
| Post Office Address 14 RUE D | U CAVENTOU   |                         |
|                              | LLE, FRANCE  |                         |

PATRICIA PRENACESTE